

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15807

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jasper</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Webb City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1302 W. Broadway</u>		e. STREET ADDRESS (If rural, give location) <u>1302 W. Broadway</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		192 0 0	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>DORUS</u>		b. (Middle) <u>T.</u>		c. (Last) <u>MACY</u>	
4. DATE OF DEATH		(Month) <u>MAY</u>		(Day) <u>7</u>		(Year) <u>1955</u>	
5. SEX <u>0</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC 2 1885</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>69</u>		IF UNDER 24 HRS. Days <u>69</u>		Hours <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TELEPHONE CO. SOUTHWESTERN BELL</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Belle Union Ill. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DANIEL MACY</u>		13b. MOTHER'S MAIDEN NAME <u>SAMATHA BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>ELSIE MACY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES NAVY -</u>		16. SOCIAL SECURITY NO. <u>4201</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Macy</u>		ADDRESS <u>Webb City, Mo</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				2 hrs.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 12</u> , 19 <u>55</u> , to <u>May 7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 1</u> , 19 <u>55</u> , and that death occurred at <u>11:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D.W. Newcomer MD</u>				23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>5-9-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>May 9, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomer Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>5-9-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JOHNSTON - ARNCE - SIMPSON MORTUARY</u>		ADDRESS <u>Webb City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed MAY 16 1955

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harvey E. Ance

Licensed Embalmer No. 44

P. O. Address Wehl City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.